

GENERAL INSTRUCTIONS FOR COMPLETING ADULT CARE HOME RESIDENT STATISTICS FORM

WEB FORM INSTRUCTIONS: IF YOU ARE COMPLETING THE WEB VERSION OF THIS FORM, PLEASE NOTE THESE ADDITIONAL INSTRUCTIONS. To move through this fillable form use the "Tab" key to place the cursor in the first field and then sequentially move through the other fields (use Shift-Tab to move backwards). As this form automatically calculates totals, it is dependent upon data being entered in the proper order thus using the mouse to place the cursor in a particular field may cause calculation problems.

☐ FACILITY INFORMATION: Insert Facility Name/Address/Licensure information as indicated in the upper left section of the form.

Section I. Resident Statistics

- A. Record the number of residents in the facility on December 31 by age and sex. Enter data into the Male field, then the Female field then use the Tab key to move to the Total field.
(Note: The total in No. 6a must agree with the resident census of Section III. 10. of the Adult Care Home Semi-Annual Report and with the Totals in items C, D and Section II of this form.)
- B. Record the services which your facility provides to individuals other than residents. This may include adult day care, intergenerational day care, meals on wheels, health screening clinics, transportation, etc.
- C. Record the setting from which residents were admitted to your facility. Include all residents residing in the facility on December 31. For residents admitted from a swing bed in a licensed hospital, record number according to level of services hospital or nursing facility provided.
- D. Record the number of residents by the primary source of payment in the facility on December 31. If a resident is a Medicaid beneficiary and receives services from a hospice, record the source of payment as Medicaid.

Section II. Record the number of residents in your facility on December 31 by the county of their residence at the time of their *initial* admission to the facility.

The administrator/operator must sign, date, and (if applicable) provide his/her administrator number at the bottom of Section II. Please provide a phone number and e mail address where the administrator/operator can be reached.